

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Sheltered Care Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 330
- 3)

<u>Section Numbers:</u>	<u>Emergency Actions:</u>
330.340	Amendment
330.790	Amendment
- 4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]
- 5) Effective Date of Rules: November 19, 2020
- 6) If these emergency rules are to expire before the end of the 150-day period, please specify the date on which they are to expire: These emergency amendments will expire at the end of the 150-day period or upon repeal of the emergency rule.
- 7) Date Filed with the Index Department: November 19, 2020
- 8) A copy of the emergency rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Reason for Emergency: This emergency rule is adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations issued during 2020 related to COVID-19.

Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45] defines "emergency" as "the existence of any situation that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare." The COVID-19 outbreak in Illinois is a significant public health crisis that warrants these emergency rules.
- 10) A Complete Description of the Subjects and Issues Involved: This rule amends requirements for sheltered care facilities' infection control policies and procedures, including updated COVID-19 testing requirements and updated incorporated materials from the CDC that address COVID-19 infection control.
- 11) Are there any other rulemakings pending on this Part? No
- 12) Statement of Statewide Policy Objective: This rulemaking will not create or expand a State mandate.

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- 13) Information and questions regarding these emergency rules shall be directed to:

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Division of Legal Services
Illinois Department of Public Health
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Springfield IL 62761

217/782-2043
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The full text of these Emergency Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIESPART 330
SHELTERED CARE FACILITIES CODE

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330.170	Denial of Initial License
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330.190	Experimental Program Conflicting With Requirements
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330.220	Information to be Made Available to the Public By the Department
330.230	Information to be Made Available to the Public By the Licensee
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330.250	Ownership Disclosure
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330.271	Presentation of Findings
330.272	Determination to Issue a Notice of Violation or Administrative Warning
330.274	Determination of the Level of a Violation
330.276	Notice of Violation
330.277	Administrative Warning
330.278	Plans of Correction
330.280	Reports of Correction
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330.284	Calculation of Penalties (Repealed)

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- 330.286 Notice of Penalty Assessment; Response by Facility
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- 330.300 Alcoholism Treatment Programs In Long-Term Care Facilities
- 330.310 Department May Survey Facilities Formerly Licensed
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- 330.340 Incorporated and Referenced Materials

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- 330.710 Resident Care Policies
- 330.715 Request for Resident Criminal History Record Information
- 330.720 Admission and Discharge Policies
- 330.724 Criminal History Background Checks for Persons Who Were Residents on May 10, 2006 (Repealed)
- 330.725 Identified Offenders
- 330.726 Discharge Planning for Identified Offenders
- 330.727 Transfer of an Identified Offender
- 330.730 Contract Between Resident and Facility
- 330.740 Residents' Advisory Council
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- 330.760 Personnel Policies
- 330.761 Whistleblower Protection
- 330.765 Initial Health Evaluation for Employees
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330.795 Language Assistance Services

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	Facilities (Repealed)
330.APPENDIX B	Classification of Distinct Part of a Facility For Different Levels of Service (Repealed)
330.APPENDIX C	Forms for Day Care in Long-Term Care Facilities
330.APPENDIX D	Criteria for Activity Directors Who Need Only Minimal Consultation (Repealed)
330.APPENDIX E	Guidelines for the Use of Various Drugs
330.TABLE A	Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 807, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 933, effective July 28, 1980; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14547, effective November 8, 1982; amended at 6 Ill. Reg. 14681, effective November 15, 1982; amended at 7 Ill. Reg. 1963, effective January 28, 1983; amended at 7 Ill. Reg. 6973, effective May 17, 1983; amended at 7 Ill. Reg. 15825, effective November 15, 1983; amended at 8 Ill. Reg. 15596, effective August 15, 1984; amended at 8 Ill. Reg. 15941, effective August 17, 1984; codified at 8 Ill. Reg. 19790; amended at 8 Ill. Reg. 24241, effective November 28, 1984; amended at 8 Ill. Reg. 24696, effective December 7, 1984; amended at 9 Ill. Reg. 2952, effective February 25, 1985; amended at 9 Ill. Reg. 10974, effective July 1, 1985; amended at 11 Ill. Reg. 16879, effective October 1, 1987; amended at 12 Ill. Reg. 1017, effective December 24, 1987; amended at 12 Ill. Reg. 16870, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6562, effective April 17, 1989; amended at 13 Ill. Reg. 19580, effective December 1, 1989; amended at 14 Ill. Reg. 14928, effective October 1, 1990; amended at 15 Ill. Reg. 516, effective January 1, 1991; amended at 16 Ill. Reg. 651, effective January 1, 1992; amended at 16 Ill. Reg. 14370, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2405, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8000, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15089, effective September 3, 1993; amended at 17 Ill. Reg. 16180, effective January 1, 1994; amended at 17 Ill. Reg. 19258, effective October 26, 1993; amended at 17 Ill. Reg. 19576, effective November 4, 1993; amended at 17 Ill. Reg. 21044, effective November 20, 1993; amended at 18 Ill. Reg. 1475, effective January 14, 1994; amended at 18 Ill. Reg. 15851, effective October 15, 1994; amended at 19 Ill. Reg. 11567, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 552, effective January 1, 1996, for a maximum of 150 days; emergency expired on May 29, 1996; amended at 20 Ill. Reg. 10125, effective July 15, 1996; amended at 20 Ill. Reg. 12160, effective September 10, 1996; amended at 22 Ill. Reg.

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4078, effective February 13, 1998; amended at 22 Ill. Reg. 7203, effective April 15, 1998; amended at 22 Ill. Reg. 16594, effective September 18, 1998; amended at 23 Ill. Reg. 1085, effective January 15, 1999; amended at 23 Ill. Reg. 8064, effective July 15, 1999; amended at 24 Ill. Reg. 17304, effective November 1, 2000; amended at 25 Ill. Reg. 4901, effective April 1, 2001; amended at 26 Ill. Reg. 4859, effective April 1, 2002; amended at 26 Ill. Reg. 10559, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2202, effective February 1, 2003, for a maximum of 150 days; emergency expired June 30, 2003; emergency amendment at 27 Ill. Reg. 5473, effective March 25, 2003, for a maximum of 150 days; emergency expired August 21, 2003; amended at 27 Ill. Reg. 5886, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14218, effective August 15, 2003, for a maximum of 150 days; emergency expired January 11, 2004; amended at 27 Ill. Reg. 15880, effective September 25, 2003; amended at 27 Ill. Reg. 18130, effective November 15, 2003; expedited correction at 28 Ill. Reg. 3541, effective November 15, 2003; amended at 28 Ill. Reg. 11195, effective July 22, 2004; emergency amendment at 29 Ill. Reg. 11879, effective July 12, 2005, for a maximum of 150 days; emergency rule modified in response to JCAR Recommendation at 29 Ill. Reg. 15156, effective September 23, 2005, for the remainder of the maximum 150 days; emergency amendment expired December 8, 2005; amended at 29 Ill. Reg. 12891, effective August 2, 2005; amended at 30 Ill. Reg. 1439, effective January 23, 2006; amended at 30 Ill. Reg. 5260, effective March 2, 2006; amended at 31 Ill. Reg. 6072, effective April 3, 2007; amended at 31 Ill. Reg. 8828, effective June 6, 2007; amended at 33 Ill. Reg. 9371, effective June 17, 2009; amended at 34 Ill. Reg. 19199, effective November 23, 2010; amended at 35 Ill. Reg. 3415, effective February 14, 2011; amended at 35 Ill. Reg. 11513, effective June 29, 2011; amended at 37 Ill. Reg. 2315, effective February 4, 2013; amended at 37 Ill. Reg. 4970, effective March 29, 2013; amended at 39 Ill. Reg. 5470, effective March 25, 2015; amended at 41 Ill. Reg. 14826, effective November 15, 2017; amended at 43 Ill. Reg. 3551, effective February 28, 2019; emergency amendment at 44 Ill. Reg. 8536, effective May 5, 2020, for a maximum of 150 days; emergency repeal of emergency rule at 44 Ill. Reg. 16279, effective September 15, 2020; emergency amendment at 44 Ill. Reg. 18972, effective November 19, 2020, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 330.340 Incorporated and Referenced Materials**EMERGENCY**

- a) The following standards and guidelines are incorporated in this Part:
 - 1) For existing facilities (see Subpart O), National Fire Protection Association (NFPA) Standard No. 101: Life Safety Code, Appendix B (1981) and Standard No. 70: National Electric Code (1981), which may

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be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 01269.

- 2) For new facilities (see Subpart M), the following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 01269:
 - A) NFPA 17A, Standard for Wet Chemical Extinguishing Systems – 2002 Edition
 - B) NFPA 20, Standard for the Installation of Stationary Pumps for Fire Protection – 1999 Edition
 - C) NFPA 22, Standard for Water Tanks for Private Fire Protection – 1998 Edition
 - D) NFPA 24, Standard for the Installation of Private Fire Service Mains and Their Appurtenances – 2002 Edition
 - E) NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites – 2001 Edition
 - F) NFPA 70B, Recommended Practice for Electrical Equipment Maintenance – 2002 Edition
 - G) NFPA 70E, Standard for Electrical Safety Requirements for Employee Workplaces – 2000 Edition
 - H) NFPA 80A, Recommended Practice for Protection of Buildings from Exterior Fire Exposures – 2001 Edition
 - I) NFPA 101, Life Safety Code – 2000 Edition
 - J) NFPA 105, Recommended Practice for the Installation of Smoke-Control Door Assemblies – 1999 Edition
- 3) For new and existing facilities (see Section 330.1510) NFPA 99: Standard for Health Care Facilities – 2002 Edition

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- 4) The following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services may be obtained from the National Technical Information Services (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161:
- A) Guideline for Hand Hygiene in Health-Care Settings (October 2002), available at <https://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf>
 - B) Guideline for Prevention of Nosocomial Pneumonia (February 1994)
 - BC) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (July 2019), available at <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>~~Guideline for Isolation Precautions in Hospitals (February 18, 1997)~~
 - CD) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (October 25, 2019), available in two parts at <https://www.cdc.gov/infectioncontrol/pdf/guidelines/infection-control-HCP-H.pdf> and <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>~~Guidelines for Infection Control in Health Care Personnel (1998)~~
 - D) Guideline for Prevention of Catheter-Associated Urinary Tract Infections (2009), available at <https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html>
 - E) Preparing for COVID-19 in Nursing Homes (June 25, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
 - F) Responding to Coronavirus (COVID-19) in Nursing Homes (April 30, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

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- 5) American College of Obstetricians and Gynecologists, Guidelines for Women's Health Care, Third Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264). (See Section 330.4220.)
- b) All incorporations by reference of federal guidelines and the standards of nationally recognized organizations refer to the standards on the date specified and do not include any amendments or editions subsequent to the date specified.
- c) The following statutes and State regulations are referenced in this Part:
 - 1) Federal statutes:
 - A) Civil Rights Act of 1964 (42 USC2000e et seq.)
 - B) Social Security Act (42 USC 301 et seq., 1395 et seq. and 1396 et seq.)
 - C) Controlled Substances Act (2 USC 802)
 - 2) State of Illinois statutes:
 - A) Illinois Alcoholism and Other Drug Dependency Act [20 ILCS 305]
 - B) Child Care Act of 1969 [225 ILCS 10]
 - C) Court of Claims Act [705 ILCS 505]
 - D) Illinois Dental Practice Act [225 ILCS 25]
 - E) Election Code [10 ILCS 5]
 - F) Freedom of Information Act [5 ILCS 140]
 - G) General Not For Profit Corporation Act of 1986 [805 ILCS 105]
 - H) Hospital Licensing Act [210 ILCS 85]

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- I) Illinois Health Facilities Planning Act [20 ILCS 3960]
- J) Illinois Municipal Code [65 ILCS 5]
- K) Life Care Facilities Act [210 ILCS 40]
- L) Local Governmental and Governmental Employees Tort Immunity Act [745 ILCS 10]
- M) Medical Practice Act of 1987 [225 ILCS 60]
- N) Mental Health and Developmental Disabilities Code [405 ILCS 5]
- O) Nurse Practice Act [225 ILCS 65]
- P) Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70]
- Q) Nursing Home Care Act [210 ILCS 45]
- R) Illinois Occupational Therapy Practice Act [225 ILCS 75]
- S) Pharmacy Practice Act [225 ILCS 85]
- T) Illinois Physical Therapy Act [225 ILCS 90]
- U) Private Sewage Disposal Licensing Act [225 ILCS 225]
- V) Probate Act of 1975 [755 ILCS 5]
- W) Illinois Public Aid Code [305 ILCS 5]
- X) Illinois Administrative Procedure Act [5 ILCS 100]
- Y) Clinical Psychologist Licensing Act [225 ILCS 15]
- Z) Dietetic and Nutrition Services Practice Act [225 ILCS 30]

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- AA) Health Care Worker Background Check Act [225 ILCS 46]
- BB) Clinical Social Work and Social Work Practice Act [225 ILCS 20]
- CC) Living Will Act [755 ILCS 35]
- DD) Powers of Attorney for Health Care Law [755 ILCS 45/Art. IV]
- EE) Health Care Surrogate Act [755 ILCS 40]
- FF) Right of Conscience Act [745 ILCS 70]
- GG) Abused and Neglected Long-Term Care Facility Residents Reporting Act [210 ILCS 30]
- HH) Supportive Residences Licensing Act [210 ILCS 65]
- II) Community Residential Alternatives Licensing Act [210 ILCS 140]
- JJ) Community Living Facilities Licensing Act [210 ILCS 35]
- KK) Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]
- LL) Counties Code [55 ILCS 5]
- MM) Alzheimer's Special Care Disclosure Act [220 ILCS 4]
- NN) Tort Immunity Act [745 ILCS 10]
- OO) Illinois Act on the Aging [20 ILCS 105]
- PP) Speech-Language Pathology and Audiology Practice Act [225 ILCS 110]
- QQ) Assisted Living and Shared Housing Act [210 ILCS 9]
- RR) Alternative Health Care Delivery Act [210 ILCS 3]

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- SS) Podiatric Medical Practice Act of 1987 [225 ILCS 100]
 - TT) Illinois Optometric Practice Act of 1987 [225 ILCS 80]
 - UU) Physician Assistant Practice Act of 1987 [225 ILCS 95]
 - VV) Language Assistance Services Act [210 ILCS 87]
- 3) State of Illinois rules:
- A) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400)
 - B) Department of Public Health
 - i) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
 - ii) Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693)
 - iii) Food Service Sanitation Code (77 Ill. Adm. Code 750)
 - iv) Illinois Plumbing Code (77 Ill. Adm. Code 890)
 - v) Private Sewage Disposal Code (77 Ill. Adm. Code 905)
 - vi) Drinking Water Systems Code (77 Ill. Adm. Code 900)
 - vii) Illinois Water Well Construction Code (77 Ill. Adm. Code 920)
 - viii) Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925)
 - ix) Access to Public Records of the Department of Public Health (2 Ill. Adm. Code 1127)

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- x) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
- xi) Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)
- xii) Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill. Adm. Code 350)
- xiii) Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390)
- xiv) Long-Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395)
- xv) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
- xvi) Health Care Worker Background Check Code (77 Ill. Adm. Code 955)
- xvii) Language Assistance Services Code (77 Ill. Adm. Code 940)
- C) Department of Human Services, Alcoholism and Substance Abuse Treatment and Intervention Licenses (77 Ill. Adm. Code 2060)
- D) Office of the State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code 100)

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 18972, effective November 19, 2020, for a maximum of 150 days)

SUBPART C: POLICIES

Section 330.790 Infection Control**EMERGENCY**

- a) Policies and procedures for investigating, controlling, ~~and~~ preventing, and testing for infections in the facility shall be established and followed. The policies and

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procedures shall be consistent with, and include, the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). All staff (which, for purposes of this Section, includes individuals providing services under contractual or other arrangement and volunteers) shall be trained on the policies and procedures and training records shall be maintained for three years. Activities shall be monitored to ensure that these policies and procedures are followed. Infection control policies and procedures shall be maintained in the facility and made available upon request to:

- 1) staff;
 - 2) the resident and the resident's family or resident's representative; and
 - 3) the Department or the certified local health department.
- b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically, but no less than annually, review the results of investigations and activities to control infections. Upon request, the facility shall provide the Department with the group's recommendations to control infections within the facility.
- c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):
- 1) Guideline for Hand Hygiene in Health-Care Settings
 - 2) Guideline for Prevention of Nosocomial Pneumonia
 - 23) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings~~Guideline for Isolation Precautions in Hospitals~~
 - 34) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control~~Services~~Guidelines for Infection Control in Health Care Personnel

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- 4) Guideline for Prevention of Catheter-Associated Urinary Tract Infections
 - 5) Preparing for COVID-19 in Nursing Homes
 - 6) Responding to Coronavirus (COVID-19) in Nursing Homes
- d) Each facility shall conduct testing of residents and staff for the control or detection of communicable diseases when:
- 1) The facility is experiencing an outbreak; or
 - 2) Directed by the Department or the certified local health department when the chance of transmission is high, including, but not limited to, regional outbreaks, epidemics, or pandemics.
- e) COVID-19 Testing
The facility shall test residents and staff as provided in Section 330.1340 for COVID-19. At a minimum, the facility shall:
- 1) Conduct facility-wide initial testing for all residents and staff;
 - 2) Prioritize and conduct immediate testing of residents or staff with symptoms of COVID-19;
 - 3) If a resident or staff tests positive for SARS-CoV-2 CO, all residents and staff who have not tested positive in the past 90 days shall be retested every three to seven days until no new cases are identified;
 - 4) Conduct testing of staff when the facility is not experiencing an outbreak. The frequency of testing shall be based on the spread of the virus in the community in which the facility is located. Facilities shall use their county positivity rate from the prior week, as listed on the CMMS website <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>, as the trigger for staff testing frequency as follows:
 - A) If county positivity rate is below 5%, staff shall be tested once per month, at a minimum.

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- B) If county positivity rate is between 5% and 10%, staff shall be tested once a week, at a minimum.
 - C) If county positivity rate is greater than 10%, staff shall be tested at least twice per week;
- 5) Conduct testing of residents who are asymptomatic and who leave the facility for medical treatment and then return (e.g., residents who receive regular hemodialysis, including those who are dialyzed at an onsite facility that treats nursing home and community patients), according to the frequency specified in subsection (e)(4);
- 6) Documentation
- A) For residents, document in each resident's record any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;
 - B) For staff members, document in each staff member's confidential medical file (as distinct from the staff member's personnel file) any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;
 - C) For volunteers and individuals providing services under contractual or other arrangement, document in each individual's confidential medical file any time a test was completed, including the result of the test or whether testing was contraindicated. In the event that no confidential medical file is maintained, the agreement for the services that are being provided under arrangement as well as the program for volunteers shall include a process for documenting these results;
- 7) Upon confirmation that a resident or staff tests positive with COVID-19, or if a resident or staff displays symptoms consistent with COVID-19, take immediate steps to prevent the transmission of COVID-19, including but not limited to cohorting (i.e., residents who have tested positive for COVID-19 are housed on the same unit until they are no longer infectious), isolation and quarantine, environmental cleaning and

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disinfecting, hand hygiene, and use of appropriate personal protective equipment;

- 8) Have written procedures for addressing residents and staff who refuse testing or are unable to be tested, including a requirement that all volunteers shall agree to testing;
- f) Each facility shall make arrangements with a testing laboratory to process any specimens collected under subsections (d) and (e) and ensure that complete information is submitted with each specimen, including name, address, date of birth, sex, race, and ethnicity. A facility may use point-of-care antigen tests (e.g., BinaxNow) if real-time reverse transcription polymerase chain reaction (RT-PCR) tests cannot be obtained from an off-site testing laboratory with a less than 48 hour turn-around time.
- g) For testing done under subsections (d) and (e), each facility shall report weekly to the Department, on a form and in a manner as prescribed by the Department, the number of residents and staff tested, and the number of positive, negative and indeterminate cases.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 18972, effective November 19, 2020, for a maximum of 150 days)